“The biggest impact would be spending more time in the communities”: Jeff Bates of Appleseed on sensitization, marketing and demedicalizing the framing of reading glasses.

Ambika Samarthya-Howard

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Ambika Samarthya-Howard: Please introduce yourself.

Jeff Bates: I've spent the past 15 or 20 years working on the business strategy and operations side of early stage social impact startups. I'm not a behavioral scientist. I joined Appleseed primarily to look after the strategy and operational side of things so that we're making sure we're doing the work that creates the impact we care about, and that it's sustainable for us to be doing that. This was my first time in a formal behavior change setting, though I spent a lot of time primarily in East Africa living with farmers, learning about their life and building businesses together with them. It was really fun to be in this setting for the first time.

Ambika Samarthya-Howard: I think a good place to start is who from your team went to Bangladesh? Where did you go? What did that look like? If you could just set the scene, and also talk about what you were trying to find out.

Jeff Bates: Philip [Kao], our founder and executive director, and I went for our team. For the second half of our time there, we [worked with] some partners from a sales organization called WRP [Whitten & Roy Partnership], and our client was

VisionSpring. We weren't looking at pharmacies this time. We were looking at the way that [VisionSpring is] selling glasses through the vision camps that they set up. They go out to communities and set up these camps, and do the eye screenings for free. Then they sell the glasses for a heavily subsidized price to those who have presbyopia.

Ambika Samarthya-Howard: How many camps did you go to, and what was your experience?

Jeff Bates: We went to four different areas, and we intentionally chose what we call "bright spots" and "dark spots." Based on the data that VisionSpring sent us about their attendance numbers and their sales numbers, we wanted to look at how many are attending, and of those, how many are screened with presbyopia, which is pretty consistent across all—but then of those screened, how many bought [eyeglasses]?

We were looking for places where attendance was super high or super low. Where is sales conversion super high? Where is it super low? Because the outliers are going to tell us more than just the average. We also wanted to look at some of the average places, and just see what that looked like.

Ambika Samarthya-Howard: Why do you think that outliers tell you more than the average?

Jeff Bates: Because they're just more starkly different. If we just look at a bunch of places right around average performance, the insights into what drives performance can get lost, so if we want to know what's working and what's not working overall, we want to see places at either end of that spectrum. Some spots [have a lot of people] showing up and buying. What's happening there? And in others, you just can't seem to get people to show up. Or only, you know, one out of 10 are actually buying the glasses once they're screened, so what's going on there? It's really fascinating. I think there's certainly some differences within communities, but we were looking at the experience of the communities with the program in those places.

Ambika Samarthya-Howard: What were some of the conclusions you made?

Jeff Bates: A couple headlines. I think Baptiste [Teyssier] told you that we always look at barriers and motivators. People are doing things because they're motivated. They're not doing things because there are barriers in the way. We just try to really simplify it and understand from the people who are attending these camps—what are your barriers to attending? What are your motivators for attending? What are your barriers to buying? What are your motivators for buying?

 We saw that these camps basically have a mandate to reach all sub-districts in a year. They have a massive team going out. In the morning, they're holding a vision camp in one community. The next step, that afternoon, they're in another community trying to organize for the next day. It's really fast and it doesn't give much opportunity for people, one, to plan for anything because they just hear about it and then it happens, and two, it's just a lot to take in. For any of us, marketing will tell us we need several touch points with something before we actually think we want to buy it.

 For people in some camps it was too much [information] coming in too fast. You may have never even heard of presbyopia if there's not a norm in the village where everyone's wearing glasses. People suffer silently with poor near vision. It's just a lot for them to take in. They're being told they have this condition, but they don't know anything about the condition. They've never heard of it, and now there's this solution which is putting something on your face. Now everyone will see that you have poor vision and you're going to look different. [Then we ask them] “Hey, how about it? Do you want to buy it?" That's all happening within 10 minutes. That was, [with this] approach, the experience that people were having with the vision camps. We felt that this was one of the primary things leading to low conversion.

Ambika Samarthya-Howard: How did you get that information back to VisionSpring?

Jeff Bates: When we're in the field, we start to do synthesis and we start to see, okay, this is something, but we intentionally don't try to come to any conclusions in the field. It's more that we try to get a sense of what direction things are going and follow the ones that make the most sense. The post-research synthesis is where we start to put cohesion to these ideas. Then we put together a report. We have a framework around use cases, barriers, motivators.

The report has the headlines and data points that point to the specific people who told us this [information] across these communities where we started to see this theme. We organize it by priority. We rank what we think is the most important within each of those categories.

Ambika Samarthya-Howard: Because this was not your team's first visit, what did you think was the trajectory of change? What you were expecting that didn't happen, or what you didn't expect that did happen?

Jeff Bates: We've worked with VisionSpring in Ghana and now in Bangladesh. Ghana was the pharmacy program. This time [in Bangladesh] was the vision camp. It was both a different location and a different program, so we didn't have any specific expectations

Ambika Samarthya-Howard: Was there anything specifically about the vision camps that the team had expectations around that didn't turn out how they expected?

Jeff Bates: Basically they just weren't converting [sales] at the level they had set out as a target, and also that would make sense from a program perspective. We got lots of data from VisionSpring ahead of time to try to paint a picture of what was going on.

There are two points to [helping] people with presbyopia in getting glasses. One, they need to attend a vision camp. If they're not there, they can't get screened and they can't buy. Then two, they need to buy [glasses] once they've been screened with presbyopia.

This was framed initially as a conversion problem. I think it was something around 40% conversion. [In other words, for] those who screened positive for presbyopia, only 40% of them were buying glasses. VisionSpring, BRAC, Livelihood Impact Fund—everyone thought that [number] needs to be higher.


As we continued, we saw that the biggest opportunity for change [in Bangladesh] is getting more people to the camps. They had a target of 20 people coming to each camp, [but] they were getting somewhere around 15 on average. From our research and working with WRP—which is a sales organization that really understands this kind of conversion—we felt that the vast majority of the missed sales of glasses was actually because people weren't getting to the camps. We felt that realistically they can get 30+ people to a camp, not 20. Even if you go from 40% to 60% conversion, the difference that's going to make in the number of glasses on faces is going to be way less than by doubling your attendance in the first place.

Ambika Samarthya-Howard: Did you make any recommendations for mobilizations or something like that?


Jeff Bates: Yes. One big one is going to be a bit of an undertaking for them. We think the biggest impact would be spending more time in the communities. Going deeper before going wider. We spent a lot of time talking with them to communicate back our findings, but then in terms of what that means for strategy, we obviously have to be led by what they have capacity for, what their risks and other constraints are.

 We think that if they took the same number of people working for them, the FOs [field officers] and the CHVs [Community Health Volunteers], and spent two to three days in a community instead of half a day, then that would give time for the pre-camp marketing. That would give more time for people to come if there were two or three opportunities instead of just one. That would help. Plus, once people have gone [to the camps], for most people, the best form of marketing is from someone you trust. If one of your neighbors has gone to the camp and says, "Hey, I went, I got screened, these glasses work, suddenly I can read the Quran again, and my life feels fuller all of a sudden. These guys are good. Trust them. Go to the camp." That's going to be way more effective than someone you don't know showing up and saying, "Hey, come get glasses."

I want to ask you a question. What did you see relative to how the camps were being organized? Does anything I'm saying resonate, and was there any other headline from your experience that we haven't discussed?

Ambika Samarthya-Howard: For me, I was looking at where the bulletins were placed, and I thought they were placed really close to the camps. I really appreciated that. I thought the signage was well done, and I also noticed that there were jingles, and bikes going around explaining to people where [the camps] were.

Jeff Bates: Oh wow. We didn't see a lot of that.

Ambika Samarthya-Howard: I didn't see the mobilization problem at all. The camps I went to had dozens of people coming to them.

Jeff Bates: That's different from what we saw. Even on the bright spots, we didn't see that happening.

Ambika Samarthya-Howard: [The camps] had a lot of people, but the conversion wasn't super high. I was there with the Clear Vision campaign which had a lot of mobilization around the eye camps. Our question was, in these two particular areas where the Clear Vision campaign was happening, why weren't they converting? Some of it I felt was gendered. One of the things we noticed was that women couldn't get glasses at the camp. They had to come back with their husbands.

Jeff Bates: Do you remember how many participants you saw on average for a camp?

Ambika Samarthya-Howard: There were long lines.

Jeff Bates: This is great to hear because a lot of our recommendations around mobilization are “one-to-many.” We can't just put up a sign and hope that everyone walks by. You can't just go to 20 houses the day before and tell them there's going to be a camp, and hope that dozens of people are going to come.

Ambika Samarthya-Howard: I went to one camp where I felt like the conversion was pretty decent, and then I went to another camp where the conversion was really low. I talked to the community health workers about getting people to use glasses with incentives, but they don't really know about incentives. It's not high on their priority list of everything that they're doing.

Jeff Bates: Some people at WRP noticed that a lot. They do sales consultations with organizations all over the world, and they saw that the incentive structure really needs to change in order for it to be effective.


When someone says, "I did this because of this," or, "I didn't buy glasses because of A, B, C," there's something we call cover stories, which is just the easiest answer to give. We often heard that women need to ask their husbands before they buy, or that people don't have the money. In our research, we found that those are both cover stories. People have the money, they just don't have it with them. Many people didn't know they had to buy the glasses, they thought they would just get them [for free]. A lot of people thought the glasses were going to be way more expensive. They were willing to buy them. The price seemed very good to them, but they just didn't know that they needed to buy them. The [lack of money comment] was not necessarily to say you can't afford glasses, but more like you didn't know you needed money right now to buy them.


I think all of us were surprised—and in particular, VisionSpring—that gender was one of the main things. [They originally thought], we can't overcome this because this is the family structure and this is how it works, but we talked to men who just said, "look, she's going to do whatever she wants, it’s fine.” Several women said, "I have money for stuff that's important to me.” Yes, they figure out their money together, but what we found is it's more that decisions are made together.

I think that what originally felt like, "Oh geez, they're going to have to come get screened, and then we're going to have to follow up with them after they've had their conversation," turned into, "Why aren't we prompting that conversation ahead of time? How might we give information or incentives to motivate people earlier so that this conversation has already happened and money's already in hand when they show up?"

 At least through the VisionSpring program, the glasses are 150 Taka ($\approx \$1.25\ USD$). It's very affordable. We found literally zero people in all of our research who couldn't afford that, who didn't have 150 Taka in disposable income. I think that a lot of that may come from just not knowing how much they cost.

 My second point is around health framing. The health framing made it feel expensive—[in other words], this is a health issue, which means they have to go to a clinic. First of all, [people might think], "I may not show up to this vision camp because it's not a clinic, you don't have the right machines, that person's not a doctor." That was a barrier to attendance, but relative to the family purchase concern, medical items are expensive, and if you're telling me to show up and buy glasses, that means I do need to talk to my family about it. It does need to be a decision that's made together because it's going to be expensive. When most people found out, "Oh, it's 150 Taka" [they weren't concerned]. We had one woman say, "I spend more than that when I go to the kiosk to buy snacks for my kids." Or they would say, "Oh, that's so much less than I thought it would be for a medical item." Many people knew that glasses cost 1,500 Taka ($\approx \$12.50\ USD$) in town at the clinic. They were anchored to this, thinking "it's going to be expensive to get the screening and buy the glasses," which makes the purchase inherently a family decision.

Ambika Samarthya-Howard: One place [I saw] with a high conversion rate was at an optician with fancy equipment, treating a lot of people for more serious stuff. And reading glasses were part of it too.

Jeff Bates: I think [health framing] wasn't even on our list of assumed barriers or motivators when we started, and this concern probably came in next to the "too much, too fast" category. Health framing came in as the biggest challenge. [People assume] it is just inherently a medical thing because it's your body, it's your eyes—or because it's been framed this way and everyone's been programmed to think reading glasses, eyes, medical.

 Part of our strategy was asking what [results] would look like through the vision camp versus the VisionSpring model, which doesn't have an optician at the vision camp. They refer out to opticians if they find a non-presbyopia eye issue since they just deal with near vision. What would it look like to frame it as a "lifestyle" [improvement], for example? Forget health or medical framing—what would it look like to market [eyeglasses] as lifestyle improvement?

We started looking at other products that are quasi-health, but people don't necessarily buy them because of health concerns. We looked at hair dye, toothpaste, slippers, all of these things. Toothpaste is really important to get people brushing their teeth, but people don't buy it because, "Oh, I want to make sure that in 10 years I don't have cavities." They buy it because they want fresh breath and it's marketed as, "Look how white my teeth are and I'm happy. I have friends because of this." Those are the motivators.

We started looking at where people are buying these products. They're buying them at the kiosk in the village. There's also the traveling guy who sells all kinds of home basics. What would it look like to position reading glasses as just another product that helps you live your life in a more full way?

Ambika Samarthya-Howard: In this conversation around de-medicalization, I think that placement became a huge thing, which is why pharmacies [are important], because that's where you get toothpaste and other health items. Did you feel like having things in pharmacies would maybe be the answer to what you're saying right now?

Jeff Bates: Potentially. To be honest, that wasn't even one of the major options on our list. We didn't look at pharmacies at all in Bangladesh. We were just in villages. One of the main places we saw were the little kiosks in the village. People buy stuff from town, they have it there in the village. What would it look like to put [reading glasses] next to razor blades there? Men don't need anyone to tell them which razor blade to buy. They buy it, they use it.

There are also people walking around with a big pole with baskets with all the basics. It's the traveling version of the kiosk. He is walking through the village, ringing a bell, announcing "Hey, I'm here now, buy whatever." We observed this guy on a couple of occasions just to see what he had in there. What's he selling and what's the interaction with people? We saw a woman who came out of her house when she heard the bell and said she needed to buy a new pot. She investigated several different pots, banged on them, negotiated with the man, and then ultimately bought a pot. We were looking at what other things are kind of parallel to reading glasses in terms of quasi-health that these people are selling, and how are people buying those?

Ambika Samarthya-Howard: Why didn't you think about pharmacies when that's the work you're doing in Ghana?

Jeff Bates: The scope of this project in Bangladesh was different and entirely separate from our work with VisionSpring in Ghana. We are careful to not allow scope from one project to drive another, to make us think we know something we don't actually know because the context is entirely different.

In Bangladesh, we were focused on the rural vision camp model. We were out in the villages and without asking anyone to go anywhere, we asked, what's the equivalent [to pharmacies]? We talked to people to ask where their hair dye came from, because men dye their hair and it's an important thing for them, but it has nothing to do with their actual physical health. When we talked to people and identified other products, we asked them, where do you buy those, but no one said the pharmacy. We followed what people were telling us.

Ambika Samarthya-Howard: What happens next to your research or to your work? Are you done with Bangladesh for now?

Jeff Bates: I can't say for sure. With a lot of our clients, we move into implementation support. We're not an implementer ourselves, but we are there to make sure that as they implement the strategies we co-create with them, they continue to keep the best practices that we found in mind. We look at the marketing materials and give them guidance on that, and we help them prioritize.

We're likely going to continue to support [VisionSpring] in the role of behavior change advisor as they're implementing. For their strategic playbook, we've given them five strategic aims. Within each of those, we suggest some tactics or moves they can make. I think there are 25 moves within these five aims. We're going to be alongside them as they decide which ones to prioritize and then how to test the different pieces of that.

Ambika Samarthya-Howard: Can you tell me one aim or a few moves?

Jeff Bates: The strategic aims include having customers who are primed through more upfront time and touchpoints—[to address] the "too much, too fast" concept we talked about. Another aim is to have marketing positioned around productivity and lifestyle instead of health. One thing we haven't talked about is the third aim, which may be a lower priority for now, but we think it's important long term—what we call "the missing men." Men weren't showing up to these camps, because of where they were and when they were held, but also because men have a different kind of resistance to getting healthcare. The fourth aim is to develop a more complete management and sales system, which is really just systematizing your sales, rethinking the sales process, and rethinking how you're going from people learning about their problem to actually

deciding that eyeglasses are the solution for them. The fifth one is kind of a bigger picture aim, that is [to create] a concentrated area which is saturated with glasses wearers who are visible.

We know from the behavior change standpoint that the biggest driver is going to be the social norm that you're a part of. There are some things that VisionSpring can do, but they're also just going [to need to go] deeper into a community to get to a saturation point where people are wearing glasses and it becomes de-stigmatized. It's a longer-term thing, going from wide—where you have a few people in many, many communities wearing glasses, but no social norm is created—to going deeper, with fewer communities where people are wearing glasses, but more people are becoming comfortable with wearing glasses.

Ambika Samarthya-Howard: Within each of these you have the to-do details?

Jeff Bates: Yes. There's between three and six moves within each one. For example, in the first strategic aim, customers are primed with more upfront time and touch points. More consecutive days per community. Making announcements three months in advance is another one. There are a few others around different modes of marketing.

Ambika Samarthya-Howard: Did you feel there are any learnings from Ghana that you applied in Bangladesh or vice versa?

Jeff Bates: Yes, certainly there was some translation around the social norms, and also to see what barriers and motivators there were for people in Ghana. There wasn't any direct translation across [the two places], but it did give us a good starting point. We also wanted to be careful not to load [ourselves with] any preconceptions because they are very different settings and very different programs. I think we tried to give ourselves some priming, but not go in thinking [it would be] the same thing.

Ambika Samarthya-Howard: Is the Ghana program also a VisionSpring program? How is that going? How is the pharmacy [concept] going there?

Jeff Bates: Good. Baptiste Teyssier [from our Appleseed team] has worked with them through the initial experimentation phase. It looks like more glasses are being sold. They were able to validate some things and de-validate others, which helped us get clarity on what's really going to work in Ghana, and where resources are going to be best spent. Then I think we may move into more of an advisory role with them now. They did the experimentation, and now it's that implementation piece.

Ambika Samarthya-Howard: That's great. Thank you so much.

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Ambika Samarthya-Howard Samarthya-Howard (she/her) is Solutions Journalism Network's Chief Innovation Officer. She strategizes on communications, metrics, impact, product and technology, leveraging platforms for the network and creating cool content. She also leads the Solutions Insights Lab, an initiative of SJN that uses targeted research and analysis to identify and interrogate what's working and what's not in a particular sector or field. She has an MFA from Columbia's film program and has been creating, teaching and writing at the intersection of storytelling and social good for two decades. She has produced content for Current TV, UNICEF, Havas, United Nations Population Fund (UNFPA) and Prism.

** This interview has been edited and condensed.*